MISSOURI DEPARTMENT OF REVENUE 2005 FORM MO-1040B INDIVIDUAL INCOME TAX RETURN VENDOR CODE MARRIED FILING COMBINED SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER NAME (LAST) (FIRST) M.I. JR. SR SPOUSE'S (LAST (FIRST) MI JR SE IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.) PRESENT ADDRESS (INCLUDE APARTMENT NO. OR RURAL ROUTE) COUNTY OF RESIDENCE SCHOOL DISTRICT NO. CITY, TOWN, OR POST OFFICE STATE ZIP CODE PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE AGE 65 OR OLDER BLIND 100% DISABLED NON-OBLIGATED SPOUSE YOURSELF YOURSELF YOURSELF YOURSELF SPOUSE SPOUSE SPOUSE SPOUSE Yourself Spouse Federal adjusted gross income from your 2005 federal return 1 00 (See worksheet on page 8.) 00 2 00 00 Any state income tax refund included in your 2005 federal income 00 00 00 Total Missouri Adjusted Gross Income — Add both numbers on Line 3. 4 Income percentages: Divide Line 3 by Line 4 for both you and your spouse. (The total of the two must equal 100%. Round to the nearest whole number.) Enter the exemption amount of \$4,200 on Line 6. 00 6 Enter this amount on Line 7 or Tax from federal return 00 (Do not enter amount from your \$10,000, whichever is less. 7 Form W-2(s)—NOT federal tax withheld.) 00 8. Missouri standard deduction or itemized deductions. (Missouri standard deduction — \$10,000) DEDUCT If claimed as a dependent, age 65 or older, or blind, see federal return. If itemizing, see back of form. 8 00 9. Number of dependents you claimed on your Federal Form 1040 OR 9 00 00 10. Long-term care insurance deduction 10 Total Deductions — Add Lines 6 through 10. . . 11 იი 12. 12 00 Yourself **Spouse** 13. Multiply Line 12 by the percentages on Line 5 for you and 00 00 13 14. Use the tax table on back of this form to figure the 00 იი tax on amounts from Line 13 for you and your spouse. Total Tax — Add your tax and your spouse's tax from Line 14. 15 00 Missouri tax withheld for you and your spouse from your Form W-2(s) and 16. 00 16 00 17 出 18 00 19. If Line 18 (Total Payments) is more than Line 15 (Total Taxes), enter the difference Ś (amount of overpayment) here. (If Line 18 is less than Line 15, skip to Line 23.) . . . 19 00 20 00 20. Amount from Line 19 you want applied to next year's taxes. Σ Childhood Lead Testing Code (See Instr.) Children's Elderly Home Delivered Meals Additional Trust Fund Code (See Instr.) Missouri Workers Missouri National 21. Enter the amount of your Guard donation in the trust fund 00 21 00 00 ່ດດ 00 ່ດດ boxes to the right. Subtract Lines 20 and 21 from Line 19 and enter here. This is your refund. Sign below and mail to: 22. 00 23. If Line 18 is less than Line 15, enter the difference here. You have an amount due. Sign below and mail to: Department of Revenue, P.O. Box 3370, Jefferson City, MO 65105-3370. . . . AMOUNT YOU OWE 23 If you pay by check, you authorize the Department of Revenue to process the check electronically. Any check returned unpaid may be presented again electronically. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm. α PAID PREPARER'S SIGNATURE SIGNATURE FFIN SSN OR PTIN S SPOUSE'S SIGNATURE DAYTIME TELEPHONE PAID PREPARER'S ADDRESS AND ZIP CODE DATE $\overline{\mathbf{c}}$

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MISSOURI ITEMIZED DEDUCTIONS

- · Complete this section only if you itemized deductions on your federal return. (See the instructions.)
- Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A.

1.	Total federal itemized deductions from Federal Form 1040, Line 40	. [1	00
2.	2005 (FICA) — yourself — Social security \$ + Medicare \$. [:	2	00
3.	2005 (FICA) — spouse — Social security \$ + Medicare \$		3	00
4.	2005 Railroad retirement tax — yourself (Tier I and Tier II) \$ + Medicare \$	<u>L</u>	4	00
5.	2005 Railroad retirement tax — spouse (Tier I and Tier II) \$ + Medicare \$	L!	5	00
6.	2005 Self-employment tax — Amount from Federal Form 1040, Line 27	(6	00
7.	TOTAL — Add Lines 1 through 6		7	00
8.	State and local income taxes — See instructions)		
9.	Earnings taxes included in Line 8 — See instructions)		
10.	Net state income taxes — Subtract Line 9 from Line 8 or enter Line 8 from the worksheet below.	. 1	0	00

NOTE: IF LINE 11 IS LESS THAN YOUR FEDERAL STANDARD DEDUCTION, SEE THE INSTRUCTIONS.

It is not necessary to complete the worksheet below if you chose to use state sales tax on Federal Schedule A, Line 5.

WORKSHEET — STATE AND LOCAL INCOME TAXES

Complete this worksheet only if your federal adjusted gross income from Federal Form 1040, Line 37 is more than \$145,950 (\$72,975 if married filing separate). If your federal adjusted gross income is less than or equal to these amounts, do not complete this worksheet. Attach a copy of your Federal Itemized Deduction Worksheet (Page A-6 of Federal Schedule A instructions).

1.	Amount from Federal Itemized Deduction Worksheet, Line 3 (See page A-9 of Federal Schedule A instructions.) If \$0 or less, enter "0".	1	00
2.	Amount from Federal Itemized Deduction Worksheet, Line 9 (See page A-9 of Federal Schedule A instructions.)	2	00
3.	State and local income taxes from Federal Form 1040, Schedule A, Line 5	3	00
4.	Earnings taxes included on Federal Form 1040, Schedule A, Line 5	4	00
5.	Subtract Line 4 from Line 3	5	00
6.	Divide Line 5 by Line 1	6	%
7.	Multiply Line 2 by Line 6	7	00
8.	Subtract Line 7 from Line 5. Enter here and on Itemized Deductions, Line 10, above.	8	00

2005 TAX TABLE

If Missouri taxable income from Form MO-1040B, Line 13, is less than \$9,000, use the table to figure tax; if more than \$9,000, use worksheet below or use the online tax calculator at www.dor.mo.gov/tax/personal/taxcalculator/

If Line 13 is			If Line 1	3 is		If Line 1	3 is		If Line 13 is		If Line 13 is			If Line 13 is			If Line 13 is		
At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is		
0	100	\$ 0	1,500	1,600	\$ 26	3,000	3,100	\$ 62	4,500	4,600	\$109	6,000	6,100	\$167	7,500	7,600	\$238		
100	200	2	1,600	1,700	28	3,100	3,200	65	4,600	4,700	113	6,100	6,200	172	7,600	7,700	243		
200	300	4	1,700	1,800	30	3,200	3,300	68	4,700	4,800	116	6,200	6,300	176	7,700	7,800	248		
300	400	5	1,800	1,900	32	3,300	3,400	71	4,800	4,900	120	6,300	6,400	181	7,800	7,900	253		
400	500	7	1,900	2,000	34	3,400	3,500	74	4,900	5,000	123	6,400	6,500	185	7,900	8,000	258		
500	600	8	2,000	2,100	36	3,500	3,600	77	5,000	5,100	127	6,500	6,600	190	8,000	8,100	263		
600	700	10	2,100	2,200	39	3,600	3,700	80	5,100	5,200	131	6,600	6,700	194	8,100	8,200	268		
700	800	11	2,200	2,300	41	3,700	3,800	83	5,200	5,300	135	6,700	6,800	199	8,200	8,300	274		
800	900	13	2,300	2,400	44	3,800	3,900	86	5,300	5,400	139	6,800	6,900	203	8,300	8,400	279		
900	1,000	14	2,400	2,500	46	3,900	4,000	89	5,400	5,500	143	6,900	7,000	208	8,400	8,500	285		
1,000	1,100	16	2,500	2,600	49	4,000	4,100	92	5,500	5,600	147	7,000	7,100	213	8,500	8,600	290		
1,100	1,200	18	2,600	2,700	51	4,100	4,200	95	5,600	5,700	151	7,100	7,200	218	8,600	8,700	296		
1,200	1,300	20	2,700	2,800	54	4,200	4,300	99	5,700	5,800	155	7,200	7,300	223	8,700	8,800	301		
1,300	1,400	22	2,800	2,900	56	4,300	4,400	102	5,800	5,900	159	7,300	7,400	228	8,800	8,900	307		
1,400	1,500	24	2,900	3,000	59	4,400	4,500	106	5,900	6,000	163	7,400	7,500	233	8,900	9,000	312		
			Yourse					ırself		Sı	oouse		Exan	nple	9,000		315		

FIGURING TAX OVER \$9,000 Missouri taxable income (Line 13) 12,000 9,000 \$ 9,000 9,000 = \$ 3.000 Multiply by 6% x 6% 6% Tax on income over \$9,000 = \$ \$ = = \$ 180 Add \$315 (tax on first \$9,000) + \$ 315 315 \$ 315 TOTAL MISSOURI TAX = \$ = \$ 495

excess over \$9,000.
Round to nearest whole dollar and enter on front of form, Line 14.

If more than \$9,000.

tax is \$315 PLUS 6% of